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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 10/669,051 09/23/2003
 which is a CON of 10/425,054 04/28/2003 PAT 6,677,349
 which is a CON of 10/027,273 12/21/2001 ABN

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 03/19/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY MN	SHEETS DRAWING 0	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
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Verified and
Acknowledged

84 Allowance
Examiner's Signature Initials

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TITLE
 SULFONAMIDE AND SULFAMIDE SUBSTITUTED IMIDAZOQUINOLINES

FILING FEE RECEIVED 1070	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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